

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/27
O.I.P.E. CLASSIFIER		59	117
FORMALITY REVIEW	DM	72223	12-7-W
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1 ✓	10/1/11
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here